

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 06/248216

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4		3					54						
5		2					55						
6		3					56						
7		3					57						
8		3					58						
9		3					59						
10		2					60						
11		3					61						
12	/						62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23	/						73						
24		/					74						
25		/					75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34	/						84						
35		/					85						
36		/					86						
37	/						87						
38		/					88						
39		/					89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	47						TOTAL DEP.						
TOTAL CLAIMS	54						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS